

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

### I. Ownership of Tank(s)

System ID: 00443  
State Owner ID: 443  
Name: ELKO COUNTY SCHOOL DISTRICT  
Street: 1092 BURNS ROAD  
City: Elko County: Elko  
State: NV ZIP: 89801  
Phone: (702) 738-5196 Fax:  
Contact: DON ELSER (if other than Owner)  
Taxpayer ID: S.S. No:

*Closure docs.  
requested  
6/2003*

Comments:

### Type of Notification

New: ☐ Amended: ☐ Closure: ☒

System ID: 0000549

State Facility ID: DUCV003

Date Received: 06 Apr 1987

Facility Operator: Last First

### II. Location of Tank(s)

Name: OWYHEE COMBINED SCHOOLS  
Street: 100 ACADEMIC WAY  
City: Owyhee County: Elko  
State: NV ZIP: 89832  
Latitude: Longitude:  
Phone: (702) 738-5196

Comments:

### III. Type of Owner

Local Government

### IV. Indian Lands

Indian Lands: ☒ Tanks are located on land within an Indian Reservation or on other trust lands.

Tribe Owned: ☐ Tanks are owned by native American nation or tribe.

Tribe: DUCK VALLEY

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

#### V. Type of Facility

Describe the kind of facility:

State Government

Comments: USTs REPLACED WITH ASTs

#### VI. Contact Persons in Charge of Tanks

Name: JIM, GLORIA

Address: OWYHEE COMBINED SCHOOLS

Phone: (775) 757-3400

Fax:

Contact Type: ☐ Owner ☐ Operator ☐ CA Contact ☐ Manager ☐ Outreach ☐ Location Contact  
☐ RP ☐ Fee Contact ☒ Other PRINCIPAL

#### VII. Financial Responsibility

Facility meets financial responsibility requirements: ☐

Check all that apply:

Self-Insured: ☐

Letter of Credit: ☐

Comments:

Insurance: ☐

State Fund: ☐

Risk Retention Group: ☐

Trust Fund: ☐

Guarantee: ☐

Other: ☐

Surety Bond: ☐

Not Listed: ☐

#### VIII. Certification

Name:

Title:

Date:

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

Latitude: 0 Longitude: 0

## IX. Description of Underground Storage Tanks

### 1. Status of Tank

Federally Regulated: ☒

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000549

Amended Information: ☐

Manifolded: ☐

No Fee: ☐

Tank ID: 001

Tank Status: Permanently Out of Use

Comments: TANK 1 OF 2

Rcvd: \_\_\_\_\_

Alt Tank ID: \_\_\_\_\_

### 2. Date of Installation (month/year)

### 3. Estimated Total Capacity (gallons)

Date Installed: Jan 1975

Tank Capacity: 5,000

### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments: \_\_\_\_\_

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

*Closure report  
says 1,000 gallons*

### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments: \_\_\_\_\_

Sec. Piping Option: None

### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Gasoline

Comments: \_\_\_\_\_

CERCLA No.: \_\_\_\_\_

Description: \_\_\_\_\_

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

## X. Tanks Out of Use, or Change in Service

### 1. Closing of Tank

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: \_\_\_\_\_ Closure Status: Tank removed from ground  
Date Closure Rcvd.: \_\_\_\_\_ Inert Fill: \_\_\_\_\_  
Date Closed: \_\_\_\_\_

### 2. Site Assessment

Site Assessment Completed: ☐ Evidence of a Leak Detected: ☐

## XI. Certification of Compliance

### 1. Installation

Installer certified by tank & piping manufacturer: ☐ Manufacturer's installation checklists have been completed: ☐  
Installer certified or licensed by implementing agency: ☐ Another method allowed by State agency: ☐  
Installation inspected by registered engineer: ☐ Comments: \_\_\_\_\_  
Installation inspected & approved by implementing agency: ☐ \_\_\_\_\_

### 2. Release Detection

	Tank/Pipe			Tank/Pipe	
Manual tank gauging:	<input type="checkbox"/>		Auto line leak detector:	<input type="checkbox"/>	
Tank tightness testing:	<input type="checkbox"/>		Line tightness testing:	<input type="checkbox"/>	
Inventory control:	<input type="checkbox"/>		Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>		Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	Not listed:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>	<input type="checkbox"/>			
SIR:	<input type="checkbox"/>	<input type="checkbox"/>	Comments:	_____	
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>	<input type="checkbox"/>			
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>			

### 3. Spill, Overfill, and Corrosion Protection

Overfill Protected: ☐ Spill Protected: ☐ CP Met on Tank & Piping: ☐

☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

#### Installer Oath:

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Position: ducv003 Date Signed: \_\_\_\_\_

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

## IX. Description of Underground Storage Tanks

### 1. Status of Tank

Federally Regulated: ☒

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000549

Amended Information: ☐

Manifolded: ☐

No Fee: ☐

Tank ID: 002

Tank Status: Permanently Out of Use

Comments: TANK 2 OF 2

Rcvd: \_\_\_\_\_

Alt Tank ID: \_\_\_\_\_

### 2. Date of Installation (month/year)

Date Installed: Jan 1983

### 3. Estimated Total Capacity (gallons)

Tank Capacity: 1,000

### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments:

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

*Closure docs. say  
2,000 gallons*

### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments:

Sec. Piping Option: None

### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Diesel

Comments:

CERCLA No.: \_\_\_\_\_

Description: \_\_\_\_\_

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

**X. Tanks Out of Use, or Change in Service**

**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: \_\_\_\_\_ Closure Status: Tank removed from ground  
Date Closure Rcvd.: \_\_\_\_\_ Inert Fill: \_\_\_\_\_  
Date Closed: \_\_\_\_\_

**2. Site Assessment**

Site Assessment Completed: ☐ Evidence of a Leak Detected: ☐

**XI. Certification of Compliance**

**1. Installation**

Installer certified by tank & piping manufacturer: ☐ Manufacturer's installation checklists have been completed: ☐  
Installer certified or licensed by implementing agency: ☐ Another method allowed by State agency: ☐  
Installation inspected by registered engineer: ☐ Comments: \_\_\_\_\_  
Installation inspected & approved by implementing agency: ☐ \_\_\_\_\_

**2. Release Detection**

	Tank/Pipe			Tank/Pipe	
Manual tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>	Auto line leak detector:	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>	Line tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control:	<input type="checkbox"/>	<input type="checkbox"/>	Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>	Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	Not listed:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	Comments:	_____	
SIR:	<input type="checkbox"/>	<input type="checkbox"/>			
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>	<input type="checkbox"/>			
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>			

**3. Spill, Overfill, and Corrosion Protection**

Overfill Protected: ☐ Spill Protected: ☐ CP Met on Tank & Piping: ☐  
☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

**Installer Oath:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Position: ducv003 Date Signed: \_\_\_\_\_

**U.S. ENVIRONMENTAL PROTECTION AGENCY  
OFFICE OF UNDERGROUND STORAGE TANKS, REGION IX**

**SELF-CERTIFICATION LETTER OF COMPLIANCE WITH  
FEDERAL FINANCIAL RESPONSIBILITY AND RELEASE DETECTION  
REQUIREMENTS ON UNDERGROUND STORAGE TANK SYSTEMS**

Return this letter to:  
EPA Region IX, H-2-1  
Self-Certification Letter  
75 Hawthorne Street  
San Francisco, CA 94105

For Federal use only (do not write in this space):

Facility ID No. : \_\_\_\_\_

Date Received : \_\_\_\_\_

Please type or print all items in blue or black ink. One certification letter should be completed for the underground storage tank (UST) systems located at each facility location. All letters must have an original signature.

**Part A: General Information**

**I. UST Owner Information:**

(a) Elko County School District

Owner Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b) P. O. Box 1012

Mailing Address

(c) Elko  
City

(d) Elko  
County

(e) Nevada  
State

(f) 89803  
Zip Code

(g) Richard Harris  
Contact Person

(h) Assistant Superintendent (702) 738-5196  
Job Title Phone Number

**II. UST Operator Information:**

(a) Elko County School District

Operator Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b) P. O. Box 1012

Mailing Address

(c) Elko  
City

(d) Elko  
County

(e) Nevada  
State

(f) 89803  
Zip Code

Richard Harris  
Assistant

(g) Superintendent  
Job Title

(h) 702-738-5196  
Phone Number

**III. Location of UST(s):**

(a) Owyhee Combined Schools

Facility Name

(b) 100 Academic Way

Facility Address

(c) Owyhee  
City

(d) Elko  
County

(e) Nevada  
State  
(if available)

(f) 89832  
Zip Code

(g) \_\_\_\_\_  
Latitude

\_\_\_\_\_  
Longitude

## Part B: Self-Certification of Release/Leak Detection

Please provide complete information for all UST(s) and piping(s) under which this self-certification letter is applicable. If more than four USTs or piping are being certified, please photocopy additional sets of pages 2, 3, and 4 and provide the information for the additional USTs and piping.

### IV. UST Information

(a)	UST Identification Number	<u>6-000-287</u>	_____	_____	_____
(b)	Date of Installation (mm/dd/yy)	<u>unknown</u>	_____	_____	_____
(c)	Capacity of UST (gallons)	<u>3,000</u>	_____	_____	_____
(d)	Substance Stored	<u>Diesel</u>	_____	_____	_____

### V. UST Release/Leak Detection Indicate with an (X), the following applicable method(s) used for each UST being certified.

(a)	Manual Tank Gauging (only USTs less than 1,000 gal.)	<u>X</u>	_____	_____	_____
(b)	Tank Tightness Testing Plus Inventory Control	_____	_____	_____	_____
(c)	Automatic Tank Gauging	_____	_____	_____	_____
(d)	Vapor Monitoring	_____	_____	_____	_____
(e)	Groundwater Monitoring	_____	_____	_____	_____
(f)	Interstitial Monitoring (Double-Walled)	_____	_____	_____	_____
(g)	Interstitial Monitoring (Secondary containment)	_____	_____	_____	_____
(h)	Release/Leak Detection Required But Not Installed	_____	_____	_____	_____
(i)	Release/Leak Detection Not Yet Required	_____	_____	_____	_____
(j)	Plan for Future Tank Release/ Leak Detection Installed	_____	_____	_____	_____

### VI. UST Spill/Overflow Prevention Indicate with an (X) the following applicable method(s) used for each UST being certified.

#### Spill Prevention

(a)	Catchment Basins	_____	_____	_____	_____
-----	------------------	-------	-------	-------	-------

#### Overfill Prevention

(b)	Automatic Shutoff Devices	_____	_____	_____	_____
(c)	Overfill Alarms	_____	_____	_____	_____
(d)	Ball Float Valves	_____	_____	_____	_____

#### Currently Exempt

(e)	Tank Installed Prior to December 1988; Spill/Overflow Prevention Required by December 1998, But Not Yet Installed	<u>X</u>	_____	_____	_____
(f)	Product Transfers are Conducted by Separate Transfers of No More Than 25 Gallon	_____	_____	_____	_____

VII. UST Corrosion Protection Indicate with an (X) the following applicable method(s) used for each UST being certified.

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (a) | Coated and Cathodically Protected Steel  | _____ | _____ | _____ | _____ |
| (b) | Fiberglass   | _____ | _____ | _____ | _____ |
| (c) | Steel Tank Clad With Fiberglass  | _____ | _____ | _____ | _____ |
| (d) | Cathodic Protection System Added   | _____ | _____ | _____ | _____ |
| (e) | Interior Lining  | _____ | _____ | _____ | _____ |
| (f) | Interior Lining and Cathodic Protection  | _____ | _____ | _____ | _____ |
| (g) | Tank Installed Prior to December 1988;<br>Corrosion Protection Required by December<br>1988, But Not Yet Installed | X     | _____ | _____ | _____ |

VIII. Piping Information

- |     |  |         |       |       |       |
|-----|--|---------|-------|-------|-------|
| (a) | Piping Identification Number                       | unknown | _____ | _____ | _____ |
| (b) | Indicate (P) for Pressurized<br>or (S) for Suction | S       | _____ | _____ | _____ |

IX. Piping Release/Leak Detection Indicate with an (X), the following method(s) used for each set of piping being certified.

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (a) | Vapor Monitoring                                   | _____ | _____ | _____ | _____ |
| (b) | Groundwater Monitoring                             | _____ | _____ | _____ | _____ |
| (c) | Interstitial Monitoring<br>(Double-Walled piping)  | _____ | _____ | _____ | _____ |
| (d) | Interstitial Monitoring<br>(Secondary containment) | _____ | _____ | _____ | _____ |
| (e) | Line Tightness Testing                             | _____ | _____ | _____ | _____ |

Pressurized Piping Only

- |     |                              |       |       |       |       |
|-----|------------------------------|-------|-------|-------|-------|
| (f) | Automatic Shutoff Device     | _____ | _____ | _____ | _____ |
| (g) | Automatic Flow Restrictor    | _____ | _____ | _____ | _____ |
| (h) | Continuous Leak Alarm System | _____ | _____ | _____ | _____ |

Suction Piping Only

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (i) | Release/Leak Detection Required<br>But Not Installed | X     | _____ | _____ | _____ |
| (j) | Release/Leak Detection Not Yet<br>Required           | _____ | _____ | _____ | _____ |
| (k) | Plan for Future Release/<br>Leak Detection Installed | _____ | _____ | _____ | _____ |

X. Piping Corrosion Protection Indicate with an X the following applicable method(s) used for each UST being certified.

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (a) | Coated and Cathodically Protected<br>Steel | _____ | _____ | _____ | _____ |
| (b) | Fiberglass                                 | _____ | _____ | _____ | _____ |
| (c) | Cathodically Protected Steel               | _____ | _____ | _____ | _____ |

XI. UST System Removal Information Identify those UST(s) and/or piping(s) that have been removed.

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (a) | Identification Number  | _____ | _____ | _____ | _____ |
| (b) | Indicate (T) for Tank,<br>(P) for Piping, or<br>(B) for Both | _____ | _____ | _____ | _____ |
| (c) | Date of Removal  | _____ | _____ | _____ | _____ |

XII. UST System Closure-In-Place Information Indicate with an (X), the following method(s) used for each set of piping being certified.

- |     |  |       |       |       |       |
|-----|--|-------|-------|-------|-------|
| (a) | Identification Number  | _____ | _____ | _____ | _____ |
| (b) | Indicate (T) for Tank,<br>(P) for Piping, or<br>(B) for Both | _____ | _____ | _____ | _____ |
| (c) | Date of Closure-In-Place                                     | _____ | _____ | _____ | _____ |

**Part C: Self-Certification of Financial Responsibility**

XIII. Financial Responsibility

Answer "yes" or "no" to questions (a) through (e).

- |     |          |       |   |
|-----|----------|-------|---|
|     | Yes      | No    | Question  |
| (a) | <u>X</u> | _____ | Are your USTs <u>owned</u> by a local government entity or tribal government? |

If you answered "Yes" to question (a), then you are in Group 5 and are required to prove financial responsibility 1 year after the promulgation of the final rule (expected by mid-1993). Proceed to question (f) if you currently have financial responsibility; otherwise proceed to question (h).

If you answered "No" proceed to questions (b) through (e).

- |     |       |       |  |
|-----|-------|-------|--|
|     | Yes   | No    | Question   |
| (b) | _____ | _____ | Do you own 100 or more USTs at a single facility?                      |
| (c) | _____ | _____ | Do you own 13 to 99 USTs at more than one facility?                    |
| (d) | _____ | _____ | Do you or your firm have a tangible net worth of \$20 million or more? |

If you answered "No" to all three of the above questions (b) through (d), proceed to question (e).

If you answered "Yes" to any of the above questions (b) through (d), you are in Group 1, 2, or 3 as outlined in the instructions and are currently required to prove financial responsibility. Proceed to Question (f), skip question (e).

- |     |       |       |  |
|-----|-------|-------|--|
|     | Yes   | No    | Question   |
| (e) | _____ | _____ | Do you own 1 to 12 USTs at <u>one or more</u> facilities, or 13 to 99 USTs at a <u>single</u> facility, or are you a non-marketer whose net worth is less than \$20 million? |

If you answered "Yes" to question (e), then you are in Group 4 and are required to prove financial responsibility by December 31, 1993. Proceed to question (f) if you currently have financial responsibility, otherwise proceed to question (h).

- (f) Indicate with an (x) which of the following methods of financial responsibility assurance is being utilized by your company for the USTs at this facility location.

Guarantee from a corporate relative \_\_\_\_\_

State funding X

Private insurance \_\_\_\_\_

Trust fund \_\_\_\_\_

No financial responsibility currently  
available \_\_\_\_\_

(g) Total dollar amount available for cleanup and liability compensation from one or a combination of the above.

\$ 6,000,000

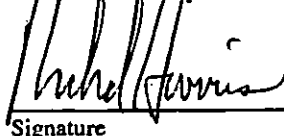
(h) If no financial responsibility assurance method is currently available, describe, in detail, plans for obtaining assurance and expected date when assurance will be available: \_\_\_\_\_

Attach additional sheets if necessary.

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents and diagrams, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and hereby certify that the underground storage tanks(s) and associated piping(s) identified above in Parts IV and V are in compliance with the federal requirements for release detection as specified in 40 CFR, Part 280, Subpart D.

Elko County School District  
Name of Owner, Operator,  
or Authorized Representative

  
Signature

Richard Harris, Assistant Superintendent  
Title

02/04/93  
Date

REV. 3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Chelms

[illegible]

\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE  
 APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED  
 FORMS TO CENTRAL OFFICE WEEKLY.  
 \*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE  
 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

FEB 16 1995

66809.1  
66795.0  
14.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
--ATTACH RECEIPTS

Surfside

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

FEB 16 1995

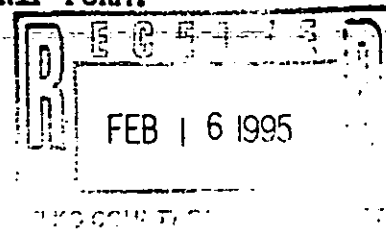
REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
-ATTACH RECEIPTS**

LOCATION CHUBS

[illegible]

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.



UNLEADED  
ENDING 06868.7  
BEGINNING 60550.2  
GALLONS  
PUMPED 18.5

REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Chybee

[illegible]

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

FEB 16 1995

FEB 16 1995

REV. 3/85

LOCATION Quincy

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

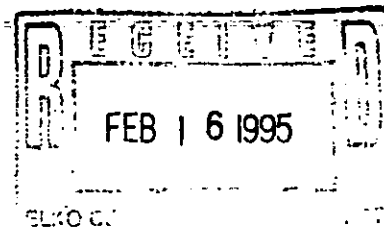
FEB 16 1995

$$\begin{array}{r} 66929.3 \\ 66916.8 \\ \hline 12.5 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

Onyiah

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.



$$\begin{array}{r} 66947.9 \\ 66929.3 \\ \hline 18.5 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

August

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

FEB 16 1995

REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Quincy

[illegible]

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
\*\*\*FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

$$\begin{array}{r} 67031.6 \\ 66478.5 \\ \hline 53.1 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

Pengke

[illegible]

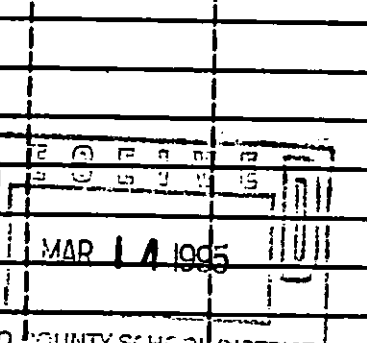
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BEGINNING  
GALLONS  
PUMPED

$$\begin{array}{r} 67039.6 \\ 67034.6 \\ \hline 5.0 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Chesee

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
2/16	38616	122	E.D.				[Signature]	Shullman
<div style="text-align: right;">  <p>MAR 14 1995 ELKO COUNTY SCHOOL DISTRICT</p> </div>								

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
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24.2

256.7

LOCATION Chyber

[illegible]

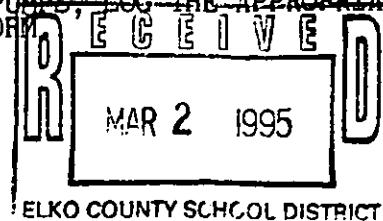
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$$\begin{array}{r} 67063.8 \\ 67073.8 \\ \hline 10.0 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

Chybs

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 FORMS TO CENTRAL OFFICE WEEKLY.  
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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.



$$\begin{array}{r} 670738 \\ 670934 \\ \hline 196 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

Chybis

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 PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED... RETURN COMPLETE  
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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

MAR 2 1995

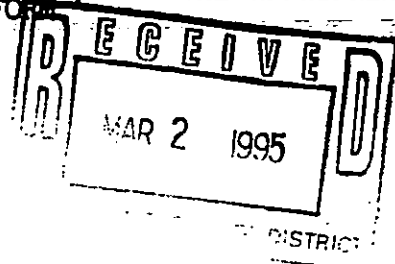
1. DISTRICT

$$\begin{array}{r} 67117.6 \\ 67093.4 \\ \hline 24.2 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

Aug 655

**\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.**  
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REV. 3/85

LOCATION Chubb

4 1995

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 PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETE  
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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

$$\begin{array}{r} 67174.2 \\ 67197.6 \\ \hline 23.4 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Chubb EE

141095

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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

REV. 3/85

LOCATION Quincy

RECEIVED  
MAR 15 1995  
ELKO COUNTY SCHOOL DISTRICT

\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
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REV. 3/85

LOCATION Cherry

RECEIVED  
MAR 15 1995  
ELKO COUNTY SCHOOL DISTRICT

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 PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETE  
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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

REV. 3/85

LOCATION Anyher

RECEIVED  
MAR 15 1995  
ELKO COUNTY SCHOOL DISTRICT

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$$\begin{array}{r} 67313.2 \\ - 67301.1 \\ \hline 12.0 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

Quayle

MAR 21 1965  
FBI DISTRICT

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
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~~128~~ 103.9

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Chapin EE

ELKO COUNTY SCHOOL DISTRICT

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REV. 3/85

LOCATION *Chiles*

[illegible]

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REV. 3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

## LOCATION

[illegible]

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FORMS TO CENTRAL OFFICE WEEKLY.  
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REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION *Quincy*

[illegible]

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REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Chubee

[illegible]

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$$\begin{array}{r} 67473.2 \\ 67462.9 \\ \hline 10.0 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

Page 1255

[illegible]

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REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Cuyahoe

~~ADR~~ 5 1008

[illegible]

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REV. 3/85

ADR - 5 1005

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REV. 3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Cuyahoe

[illegible]

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$$\begin{array}{r} 67572.1 \\ 67545.5 \\ \hline 26.6 \end{array}$$

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Cherokee

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REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

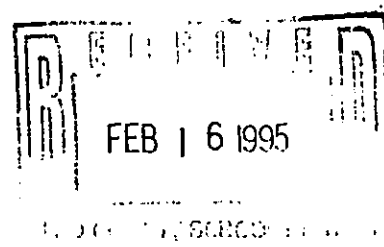
**LOCATION**

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REV. 3/85

LOCATION Quincy

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**BEGINNING  
GALLONS  
PUMPED**

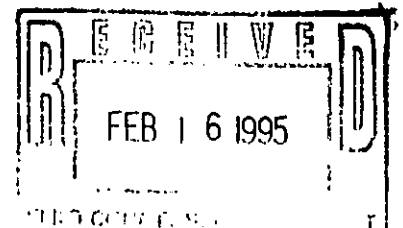
$$\begin{array}{r} 546072.4 \\ 546039.8 \\ \hline 32.6 \end{array}$$

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Dwight

[illegible]

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BEGINNING  
GALLONS  
PUMPED

5462621  
5460724  
189.7

423.5

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

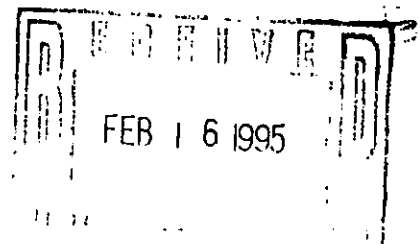
LOCATION

Aug 155

[illegible]

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REV. 3/85

LOCATION

Оуыбээ

RECEIVED  
MAR 14 1995  
CLARK COUNTY SCHOOL DISTRICT

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.

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REV. 3/85

LOCATION Awyhee

RECEIVED  
MAR 14 1995  
DISTRICT

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REV. 3/85

LOCATION Owhee

[illegible]

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REV. 3/85

LOCATION Chytee

[illegible]

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REV. 3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Cuyahoe

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
3/6	67390	830	44.8				<i>[Signature]</i>	Route
3/6	194531	804	36.4				<i>[Signature]</i>	From Elk
3/7	175125	787	34.6				<i>[Signature]</i>	Route
3/7	67631	830	30.4				<i>[Signature]</i>	Route
3/7	35483	810	22.5				<i>[Signature]</i>	Route
3/9	185170	971	42.5				Chlo Jones	Route
3/9	112650	913	35.6				Chlo Jones	Route
3/9	175481	787	34.1				Chlo Jones	Route
3/9	83114	788	36.1				Chlo Jones	Route
3/9	194792	804	29.7		1 qt		Chlo Jones	Route
3/10	Ford 7000	Tractor	10.4				Chlo Jones	110-176

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BEGINNING  
GALLONS  
PUMPED

BEGINNING 647538.4  
GALLONS  
PUMPED 360.8

REV. 3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

LOCATION Chybes

[illegible]

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 INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

648209.4  
~~648209.4~~  
647919.2  
290.2

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS

Chapman

RECEIVED  
MAR 29 1995  
POLITY SCHOOL DISTRICT

\*\*\*THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDANT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETED FORMS TO CENTRAL OFFICE WEEKLY.  
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**BEGINNING  
GALLONS  
PUMPED**

$$\begin{array}{r} 648404.8 \\ 648209.4 \\ \hline 195.4 \end{array}$$

APR - 5 1965

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION Cayuse

[illegible]

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FORMS TO CENTRAL OFFICE WEEKLY.  
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REV. 3/85

**ELKO COUNTY SCHOOL DISTRICT MAINTENANCE  
FUEL/OIL TICKET LOG  
\*\*ATTACH RECEIPTS**

LOCATION *Wichita*

[illegible]

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SELF-CERTIFICATION LETTER OF COMPLIANCE WITH  
FEDERAL FINANCIAL RESPONSIBILITY AND RELEASE DETECTION  
REQUIREMENTS ON UNDERGROUND STORAGE TANK SYSTEMS

Return this letter to:  
EPA Region IX, H-2-1  
Self-Certification Letter  
75 Hawthorne Street  
San Francisco, CA 94105

For Federal use only (do not write in this space):

Facility ID No. : \_\_\_\_\_

Date Received : \_\_\_\_\_

Please type or print all items in blue or black ink. One certification letter should be completed for the underground storage tank (UST) systems located at each facility location. All letters must have an original signature.

Part A: General Information

I. UST Owner Information:

(a) ELKO Co. Sch. Dist.  
Owner Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b) PO Box 1012  
Mailing Address

(c) ELKO (d) ELKO (e) NV. (f) 89803  
City County State Zip Code

(g) Tom Wilson (h) Trans. Supervisor (i) 702-738-5196  
Contact Person Job Title Phone Number

II. UST Operator Information:

(a) ELKO County School District  
Operator Name (Tribe, Corporation, Individual, Government, or Other Entity)

(b) PO Box 1012  
Mailing Address

(c) ELKO (d) ELKO (e) NV (f) 89803  
City County State Zip Code

(g) \_\_\_\_\_ (h) 702-738-5196  
Job Title Phone Number

III. Location of UST(s):

(a) Owyhee School  
Facility Name

(b) PO Box 100  
Facility Address

(c) Owyhee (d) ELKO (e) NV (f) 89832 (g) \_\_\_\_\_  
City County State Zip Code Latitude Longitude  
(if available)

Please provide complete information for each UST(s) and piping(s) under which this self-certification letter is applicable. If more than four USTs or piping are being certified, please photocopy additional sets of pages 2, 3, and 4 and provide the information for the additional USTs and piping.

IV. UST Information

(a)	UST Identification Number	<u>1</u>	<u>2</u>	<u>3</u>	_____
(b)	Date of Installation (mm/dd/yy)	<u>1984</u>	<u>Unknown</u>	<u>Unknown</u>	_____
(c)	Capacity of UST (gallons)	<u>1,000</u>	<u>3,000</u>	<u>10,000</u>	_____
(d)	Substance Stored	<u>Unleaded Gas</u>	<u>Diesel #1</u>	<u>Heating oil</u>	_____

V. UST Release/Leak Detection Indicate with an (X), the following applicable method(s) used for each UST being certified.

(a)	Manual Tank Gauging (only USTs less than 1,000 gal.)	_____	_____	_____	_____
(b)	Tank Tightness Testing Plus Inventory Control	<u>✓</u>	<u>✓</u>	<u>✓</u>	_____
(c)	Automatic Tank Gauging	_____	_____	_____	_____
(d)	Vapor Monitoring	_____	_____	_____	_____
(e)	Groundwater Monitoring	_____	_____	_____	_____
(f)	Interstitial Monitoring (Double-Walled)	_____	_____	_____	_____
(g)	Interstitial Monitoring (Secondary containment)	_____	_____	_____	_____
(h)	Release/Leak Detection Required But Not Installed	_____	_____	_____	_____
(i)	Release/Leak Detection Not Yet Required	<u>✓</u>	<u>✓</u>	<u>✓</u>	_____
(j)	Plan for Future Tank Release/Leak Detection Installed	_____	_____	_____	_____

VI. UST Spill/Overflow Prevention Indicate with an (X) the following applicable method(s) used for each UST being certified.

Spill Prevention

(a)	Catchment Basins	_____	_____	_____	_____
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Overfill Prevention

(b)	Automatic Shutoff Devices	_____	_____	_____	_____
(c)	Overfill Alarms	_____	_____	_____	_____
(d)	Ball Float Valves	_____	_____	_____	_____

Currently Exempt

(e)	Tank Installed Prior to December 1988; Spill/Overflow Prevention Required by December 1998, But Not Yet Installed	<u>✓</u>	<u>✓</u>	<u>✓</u>	_____
(f)	Product Transfers are Conducted by Separate Transfers of No More Than 25 Gallon	_____	_____	_____	_____

VII.

**UST Corrosion Protection** Indicate with an (X) the following applicable method(s) used for each UST being certified.

(a)	Coated and Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Steel Tank Clad With Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Cathodic Protection System Added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Interior Lining and Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g)	Tank Installed Prior to December 1988; Corrosion Protection Required by December 1988, But Not Yet Installed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VIII.

**Piping Information**

(a)	Piping Identification Number	<u>1</u>	<u>2</u>	<u>3</u>	<input type="checkbox"/>
(b)	Indicate (P) for Pressurized or (S) for Suction	<u>S</u>	<u>S</u>	<u>S</u>	<input type="checkbox"/>

IX.

**Piping Release/Leak Detection** Indicate with an (X), the following method(s) used for each set of piping being certified.

(a)	Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Interstitial Monitoring (Double-Walled piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Interstitial Monitoring (Secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Line Tightness Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Pressurized Piping Only**

(f)	Automatic Shutoff Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g)	Automatic Flow Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h)	Continuous Leak Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Suction Piping Only**

(i)	Release/Leak Detection Required But Not Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j)	Release/Leak Detection Not Yet Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k)	Plan for Future Release/ Leak Detection Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X.

**Piping Corrosion Protection** Indicate with an X the following applicable method(s) used for each UST being certified.

(a)	Coated and Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (a) Identification Number \_\_\_\_\_
- (b) Indicate (T) for Tank,  
(P) for Piping, or  
(B) for Both \_\_\_\_\_
- (c) Date of Removal \_\_\_\_\_

**XII. UST System Closure-In-Place Information** Indicate with an (X), the following method(s) used for each set of piping being certified.

- (a) Identification Number \_\_\_\_\_
- (b) Indicate (T) for Tank,  
(P) for Piping, or  
(B) for Both \_\_\_\_\_
- (c) Date of Closure-In-Place \_\_\_\_\_

**Part C: Self-Certification of Financial Responsibility**

**XIII. Financial Responsibility**

Answer "yes" or "no" to questions (a) through (e).

- |     | Yes                                 | No                       | Question  |
|-----|-------------------------------------|--------------------------|---|
| (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are your USTs <u>owned</u> by a local government entity or tribal government? |

If you answered "Yes" to question (a), then you are in Group 5 and are required to prove financial responsibility 1 year after the promulgation of the final rule (expected by mid-1993). Proceed to question (f) if you currently have financial responsibility; otherwise proceed to question (h).

If you answered "No" proceed to questions (b) through (e).

- |     | Yes                      | No                       | Question   |
|-----|--------------------------|--------------------------|--|
| (b) | <input type="checkbox"/> | <input type="checkbox"/> | Do you own 100 or more USTs at a single facility?                      |
| (c) | <input type="checkbox"/> | <input type="checkbox"/> | Do you own 13 to 99 USTs at more than one facility?                    |
| (d) | <input type="checkbox"/> | <input type="checkbox"/> | Do you or your firm have a tangible net worth of \$20 million or more? |

If you answered "No" to all three of the above questions (b) through (d), proceed to question (e).

If you answered "Yes" to any of the above questions (b) through (d), you are in Group 1, 2, or 3 as outlined in the instructions and are currently required to prove financial responsibility. Proceed to Question (f), skip question (e).

- |     | Yes                      | No                       | Question   |
|-----|--------------------------|--------------------------|--|
| (e) | <input type="checkbox"/> | <input type="checkbox"/> | Do you own 1 to 12 USTs at <u>one or more</u> facilities, or 13 to 99 USTs at a <u>single</u> facility, or are you a non-marketer whose net worth is less than \$20 million? |

If you answered "Yes" to question (e), then you are in Group 4 and are required to prove financial responsibility by December 31, 1993. Proceed to question (f) if you currently have financial responsibility, otherwise proceed to question (h).

- (f) Indicate with an (x) which of the following methods of financial responsibility assurance is being utilized by your company for the USTs at this facility location.

Guarantee from a corporate relative

State funding

☒

Private insurance \_\_\_\_\_

Trust fund \_\_\_\_\_

No financial responsibility currently  
available \_\_\_\_\_

- (g) Total dollar amount available for cleanup and liability compensation from one or a combination of the above.

\$ 1,000,000 per tank 2,000,000 Aggregate per year with a  
25,000 deductible

- (h) If no financial responsibility assurance method is currently available, describe, in detail, plans for obtaining assurance and expected date when assurance will be available: \_\_\_\_\_

Attach additional sheets if necessary.

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents and diagrams, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and hereby certify that the underground storage tanks(s) and associated piping(s) identified above in Parts IV and V are in compliance with the federal requirements for release detection as specified in 40 CFR, Part 280, Subpart D.

Richard Harris

Name of Owner, Operator,  
or Authorized Representative

Asst Supt

Title

Richard Harris

Signature

10-03-95

Date

<b>III. TYPE OF OWNER</b>		<b>IV. INDIAN LANDS</b>				
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input type="checkbox"/> Private	Tanks are located on land within an Indian Reservation or on other trust lands. <input checked="" type="checkbox"/>  Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	Tribe or Nation: _____  _____			
<b>V. TYPE OF FACILITY</b>						
Select the Appropriate Facility Description						
<input type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor	<input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Other (Explain) <u>School Dist.</u>				
<b>VI. CONTACT PERSON IN CHARGE OF TANKS</b>						
Name	Job Title	Address	Phone Number (Include Area Code)			
<b>VII. FINANCIAL RESPONSIBILITY</b>						
I have met the financial responsibility requirements in accordance with 40 CFR Subpart H <span style="float: right; border: 1px solid black; padding: 2px 10px;">Yes</span>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;">           Check All that Apply  <input type="checkbox"/> Self Insurance  <input type="checkbox"/> Commercial Insurance  <input type="checkbox"/> Risk Retention Group         </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Guarantee  <input type="checkbox"/> Surety Bond  <input type="checkbox"/> Letter of Credit         </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> State Funds  <input type="checkbox"/> Trust Fund  <input type="checkbox"/> Other Method Allowed Specify _____         </td> </tr> </table>				Check All that Apply <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit	<input checked="" type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify _____
Check All that Apply <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit	<input checked="" type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify _____				
<b>VIII. CERTIFICATION (Read and sign after completing all sections)</b>						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.						
Name and official title of owner or owner's authorized representative (Print)	Signature	Date Signed				
EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.						

## IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>    </u>	Tank No. <u>    </u>
1. Status of Tank (mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)	<u>1984</u>	<u>Unknown</u>	<u>Unknown</u>		
3. Estimated Total Capacity (gallons)	<u>1,000</u>	<u>3,000</u>	<u>10,000</u>		
4. Material of Construction (Mark all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
Has tank been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (Material) (Mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
6. Piping (Type) (Mark all that apply)					
Suction: no valve at tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>    </u>	Tank No. <u>    </u>
<b>7. Substance Currently or Last Stored In Greatest Quantity by Volume</b>					
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hazardous Substance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA name and/or,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAS number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixture of Substances</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. TANKS OUT OF USE, OR CHANGE IN SERVICE</b>					
<b>1. Closing of Tank</b>					
A. Estimated date last used (mo./day/year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Estimate date tank closed (mo./day/year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank was closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Site Assessment Completed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence of a leak detected</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# **XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. ____	Tank No. ____					
<b>1. Installation</b>										
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Installer certified or licensed by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Installation inspected and approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Another method allowed by State agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>2. Release Detection (Mark all that apply)</b>										
	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tank tightness testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other method allowed by implementing Agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Spill and Overfill Protection</b>										
A. Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OATH:** I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Position \_\_\_\_\_ Company \_\_\_\_\_